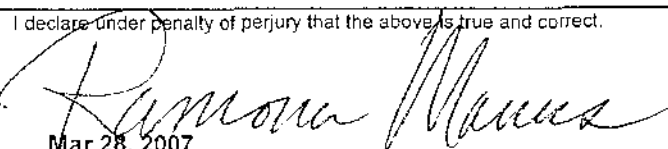


# Exhibit B

EEOC Form 5 (5/01)

<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: _____ Agency(ies) Charge No(s): <b>440-2007-04053</b> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
<b>Illinois Department Of Human Rights</b> and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) <b>Ms. Ramona A. Manus</b>		Home Phone (incl. Area Code) <b>(702) 360-0990</b>	Date of Birth <b>08-18-1932</b>
Street Address <b>7861 Lily Trotter Street, North Las Vegas, NV 89084</b>			
City, State and ZIP Code			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>SAGE HOSPITALITY RESOURCES</b>		No. Employees, Members <b>500 or More</b>	Phone No. (Include Area Code) <b>(303) 595-7200</b>
Street Address <b>1512 Larimer, Suite 800, Denver, CO 80202</b>			
City, State and ZIP Code			
Name _____		No. Employees, Members _____	Phone No. (Include Area Code) _____
Street Address _____			
City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest    Latest <b>06-01-2006    07-12-2006</b> <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (if additional paper is needed, attach extra sheet(s)).  <p>I was hired by the Respondent on February 13, 2001. I was employed as a Host/VIP Services at Respondent's Arlington Heights, Illinois hotel. During my employment, I was subjected to derogatory age-based remarks by management personnel. I complained to Respondent of age discrimination on several occasions during my employment. Although I was a full-time status employee, Respondent scheduled me to work less than full-time, which made me ineligible for full time status benefits. On July 12, 2006, I was discharged.</p> <p>I believe that I have been discriminated against because of my age, 74 (d.o.b.: 8/18/1932), and retaliation, in violation of the Age Discrimination in Employment Act of 1967.</p> <p style="text-align: right; margin-right: 100px;">MAR 23 2007</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.   <b>Mar 28, 2007</b> Date		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Charging Party Signature		_____	